

RECIPROCITY APPLICATION

CERTIFIED PUBLIC ACCOUNTANT

PUBLIC ACCOUNTANT



Department of Professional and Financial Regulation
Office of Licensing and Registration

BOARD OF ACCOUNTANCY

35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207)624-8627
Hearing Impaired: 1-888-577-6690
Website: www.MaineProfessionalReg.org

Office located at: 122 Northern Avenue, Gardiner, Maine

APPLICATION INSTRUCTIONS

Reciprocity

COMPLETING THE APPLICATION FORM – Answer all questions and return the following to this office:

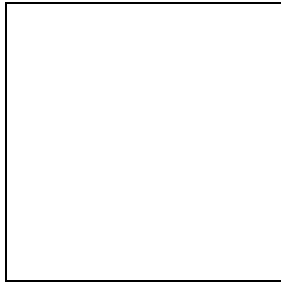
- License application
- \$50.00 Application Fee
- Documentation of Continuing Professional Education
- Authorization for Interstate Exchange of Information and Licensure Information application (It is the applicant's responsibility to forward this form to their licensing state for completion)

Incomplete applications will be returned.

QUALIFICATIONS – In order to qualify for a license as a Certified Public Accountant or Public Accountant by Reciprocity, the applicant must be currently licensed in another state or jurisdiction.

The Authorization for Interstate Exchange of Examination and Licensure Information form is essential to the application you are filing with the Board. Before approval of your application, the Accountancy Board must verify your examination credits and/or certificate and license status. Complete the top portion of this form and forward it to the appropriate Board of Accountancy. That Board, in turn, will complete the remainder of this form and return it to the Maine Board of Accountancy.

CERTIFIED PUBLIC ACCOUNTANT/PUBLIC ACCOUNTANT RECIPROCITY LICENSE APPLICATION



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
BOARD OF ACCOUNTANCY
35 STATE HOUSE STATION
AUGUSTA, ME 04333
TEL: (207)624-8627 FAX: (207)624-8637
HEARING IMPAIRED: 1-888-577-6690

Office Use Only

Ck # _____

Amount: _____

Cash #: _____

☐ 4110-1446 - \$50.00

PLEASE CHECK TYPE OF LICENSE APPLYING FOR:

☐ CERTIFIED PUBLIC ACCOUNTANT ☐ PUBLIC ACCOUNTANT

APPLICATION FEE: \$50.00 (non-refundable)

PAYMENT OPTIONS: ☐ Check or Money Order Payable to "Treasurer State of Maine".

☐ Credit Card: MasterCard or VISA Only. Complete the following:

I authorize the State of Maine, Department of Professional & Financial Regulation, Office of Licensing & Registration to charge my MasterCard/VISA - - Exp. Date ____/____/____ in the amount of \$50.00. Signature: _____

NOTICE REGARDING PUBLIC INFORMATION. CONTACT ADDRESS. This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401 et. seq. Public records must be made available to any person upon request. Information that you supply as part of this application is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website. Please indicate your contact address below to be used for mailing purposes and public notification including posting on the website.

SOCIAL SECURITY NUMBER. The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. Section 191.

NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED.

Name of applicant: _____

Contact Address: _____

City: _____

State: _____

Zip Code: _____

County: _____

Home Telephone: (____) _____ - _____

Work Telephone: (____) _____ - _____

Social Security Number: _____

Date of Birth: ____/____/____

Sex: ☐ Male ☐ Female

Any other names used: _____

Have you ever been convicted of a crime other than a minor traffic violation? ☐Yes ☐No
If yes, please list date(s), crime(s) and submit a copy of the Judgment and Commitment and a letter from you explaining the circumstances surrounding your conviction.

Within the last three years:

1. Has your right to practice public accounting been denied, revoked or suspended by any State or Federal agency? ☐Yes ☐No
2. Has your firm or any professional corporation of which you were a principal been the subject of any disciplinary proceeding by any State or Federal agency? ☐Yes ☐No

Have you ever been denied permission to sit for the Uniform CPA/PA Examination? ☐Yes ☐No
If yes, please explain:

EMPLOYMENT HISTORY

PRESENT OR LAST EMPLOYER: _____

COMPLETE ADDRESS: _____

DATES OF EMPLOYMENT: FROM: MO/YR _____ TO: MO/YR _____

TYPE OF BUSINESS: _____

EMPLOYER: _____

COMPLETE ADDRESS: _____

DATES OF EMPLOYMENT: FROM: MO/YR _____ TO: MO/YR _____

TYPE OF BUSINESS: _____

EMPLOYER: _____

COMPLETE ADDRESS: _____

DATES OF EMPLOYMENT: FROM: MO/YR _____ TO: MO/YR _____

TYPE OF BUSINESS: _____

COLLEGE EDUCATION

NAME AND LOCATION	ATTENDANCE		DEGREE RECEIVED	DATE RECEIVED
	FROM	TO		

REFERENCES

Obtain the signatures of three references, listing name, address, occupation and length of time they have known you. One reference should be a CPA/PA and the other two references should be persons who are not CPAs/PAs, all of whom have known you for the past three years. Relatives are not accepted. (If you are unable to fulfill these requirements, have this section completed by other individuals, using your own best judgment, and explain why you cannot fulfill the requirements of this section with a brief statement.)

I hereby certify by affixing my signature below, that I have known the applicant for no less than three years, and that the applicant is of good moral character.

SIGNATURE	NAME & ADDRESS	OCCUPATION	LENGTH OF TIME KNOWN

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY PERSON WHO PROCURES A LICENSE BY FRAUD IS GUILTY OF A MISDEMEANOR AND MAY BE PUNISHED BY A FINE, IMPRISONMENT, OR BOTH.

Date: _____

(Signature of Applicant)

SUMMARY OF CONTINUING PROFESSIONAL EDUCATION

No Computer Printouts Accepted

List 120 Hours of Continuing Professional Education received over the last 3 years. (Refer to Chapter 5, Sections 6 and 7 of the Board's Rules for CPE Requirements/Limitations)

[illegible]

(OVER)

Credit as an Instructor, Discussion Leader or Speaker

Sponsor	Program Title/Description	Date	Location	Hours

4 Hours in Professional Ethics

Sponsor	Program Title/Description	Date	Location	Hours

I hereby certify that I have successfully attended said continuing education courses and that all statements, claims and representations are true and correct under the penalties of perjury.

Date: _____

Signature: _____

AUTHORIZATION FOR INTERSTATE EXCHANGE OF EXAMINATION AND LICENSURE INFORMATION

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
BOARD OF ACCOUNTANCY
35 STATE HOUSE STATION
AUGUSTA, ME 04333
TEL: (207)624-8627 FAX: (207)624-8637
HEARING IMPAIRED: 1-888-577-6690

Last Name:	First Name:	Middle Name:	Maiden Name:
Mailing Address:			
City:	State:	Zip Code:	
Social Security Number:		Certificate Number, if Applicable:	
Date of Birth: ____/____/____		Home Telephone: (____)____-____ Work Telephone: (____)____-____	

I hereby request and authorize the _____ Board of Accountancy provide any and all pertinent information requested in this form to the Maine Board of Accountancy to complete an application filed with that agency. I agree that the State Board may confirm the grades issued to me by the Advisory Grading Service of the American Institute of Certified Public Accountants.

Applicant's Signature

Date

SECTIONS A THROUGH D ARE TO BE COMPLETED BY THE BOARD OF ACCOUNTANCY

SECTION A: VERIFICATION OF EXAMINATION CREDITS:

The following are grades awarded on the Uniform CPA/PA Examination(s) for the applicant named above, as reported by the AICPA Advisory Grading Service. (Please use Section D of this form to explain if any of the grades were changed; if an exam other than the Uniform CPA/PA exam was used; and if there is any reason why the grades should not be accepted.) Please list all grades, including failing grades, recorded for the applicant.

Date of Examination	Candidate ID #	Audit	LPR (Business Law)	FARE (Theory)	ARE (Practice)

1. Was the applicant ever denied admission to the Exam? ☐Yes ☐No (If yes, please use Section D of this form.)
2. If the applicant has not completed the CPA/PA Exam, are there any restrictions preventing him/her from sitting in your state? ☐Yes ☐No

3. If the candidate has not passed all parts of the CPA/PA Exam, indicate above the expiration date of those parts that have been passed and for which credit has been given.

SECTION B: CERTIFICATE/LICENSURE (PERMIT) STATUS:

CERTIFICATE AS A CERTIFIED PUBLIC ACCOUNTANT/PUBLIC ACCOUNTANT

1. The applicant was granted an original/reciprocal (circle one) CPA/PA Certificate number _____ Issued ____/____/____ which is in good standing unless otherwise noted in Section D of this form.

LICENSE/PERMIT TO PRACTICE PUBLIC ACCOUNTING

(If licensing is the responsibility of another agency, please forward and request completion of applicable section.)

2. ☐ Yes ☐ No This state is a two-tier state.
3. ☐ Yes ☐ No The license/permit from this Board is in good standing and expires _____.
4. ☐ Yes ☐ No The applicant is currently licensed to engage in the practice of public accounting.
5. ☐ Yes ☐ No Has there ever been any disciplinary action instituted against the applicant?
If yes, please explain in Section D.
6. If the applicant does not hold a license/permit from your Board, please indicate the requirements to be met for issuance or reinstatement.
- _____ License/Permit not required
- _____ Pay appropriate fee and/or post bond
- _____ Complete acceptable work experience
- _____ Complete continuing professional education requirements
- _____ Other (please specify) _____

SECTION C: ADDITIONAL INFORMATION REQUESTED:

SECTION D: EXCEPTIONS NOTED OR EXPLANATIONS ON INFORMATION PROVIDED

(Official seal and signature must be affixed to attached sheets if needed to respond to inquiry.)

The information provided herein is correct to the best of my knowledge.

Official Board Seal

Board/Agency

Official Signature

Title

Date